

MULTIPLE DEPENDENT CLAIM FEE CALCULATION SHEET						SERIAL NO.	FILING DATE						
						APPLICANT(S)							
						CLAIMS							
	AS FILED		AFTER 1ST AMENDMENT		AFTER 2ND AMENDMENT			IND	DEP	IND	DEP	IND	DEP
	IND	DEP	IND	DEP	IND	DEP		IND	DEP	IND	DEP	IND	DEP
1	1						51						
2		1					52						
3			1				53						
4			1				54						
5			1				55						
6			1				56						
7	1						57						
8							58						
9		1					59						
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12			1				62						
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44							94						
45							95						
46							96						
47							97						
48							98						
49							99						
50							100						
TOTAL IND.	2						TOTAL IND.						
TOTAL DEP.	9		←	→	←	→	TOTAL DEP.	←	→	←	→	←	→
TOTAL CLAIMS	11	12	13	14	15	16	TOTAL CLAIMS	17	18	19	20	21	22